



## SLÀINTE AGUS CÙRAM SÒISEALACHD EILEANAN SIAR

Health and Social Care Western Isles



Colleagues

Issue 119

I found the BBC-commissioned report from leading health think tanks really interesting. We're rightly proud of our NHS – the model of care, free at point of use; the commitment and humanity of the staff who provide the care; and the efficiency of our system – but the report offers a more equivocal assessment. As a society, we provide middle-of-the-road investment and get middle-of-the-road outcomes as a result. The report compares the NHS to health systems in 18 similar developed countries, including France, Germany, Italy, Japan and the USA. It looks at three aspects of a good health care system: the speed and accessibility of care, the efficiency of the system, and the outcomes delivered for patients.

Key strengths of the UK's NHS include:

- It provides unusually good financial protection to the public from the consequences of ill health. For example, it has the lowest proportion of people who skipped medicine due to cost (2.3% in 2016 compared to an average of 7.2% across the comparator countries)
- It is relatively efficient: the UK has the largest share of generic prescribing of all comparator countries, at 84% in 2015 compared to an average of 50%
- It performs well in managing patients with some long-term conditions like diabetes and kidney diseases: fewer than one in a thousand people are admitted to hospital for diabetes in a given year, compared to over two in a thousand admitted in Austria or Germany.

Key weaknesses include:

- The UK's NHS performs worse than the average in the treatment of eight out of the 12 most common causes of death, including deaths within 30 days of having a heart attack and within five years of being diagnosed with breast cancer, rectal cancer, colon cancer, pancreatic cancer and lung cancer, despite narrowing the gap in recent years
- It is the third-poorest performer compared to the 18 developed countries on the overall rate at which people die when successful medical care could have saved their lives (known as 'amenable mortality')
- It has consistently higher rates of death for babies at birth or just after (perinatal mortality), and in the month after birth (neonatal mortality): seven in 1,000 babies died at birth or in the week afterwards in the UK in 2016, compared to an average of 5.5 across the comparator countries.

For a more detailed read, you can access the report at the following link: <https://www.nuffieldtrust.org.uk/files/2018-06/nhs-at-70-are-we-expecting-too-much-from-the-nhs.pdf>

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The Barra Locality Planning Group met this week. There was wide ranging discussion about the local health and care system. One of the issues ventilated on Barra recently has been around the decision to opt for extra care housing rather than a traditional care home, as part of the proposal to replace St Brendan's. You may know that the current Care Home which operates with 10 beds will be replaced with an Extra-Care Housing model, which will offer the same number of beds but with greater flexibility to manage the changing needs of service users. The model has been heavily promoted by the Scottish government and is commonly seen as best practice in giving effect to more personalised care. I recognise, of course, that we need to continue to engage with the community to support public understanding of the proposed model and its advantages.

The Rural Lewis Locality Planning Group also met this week. We discussed the IJB Annual Report, primary care reform, local updates, and the Locality plan itself. I mentioned the real challenge we're facing just now across social care - we're running with 10% of posts vacant, which is having a wider impact across the health and care system. If you know of high quality individuals interested in working in the care sector, then please point them in our direction.

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The Advocacy Planning Group met for the first time in a while this week. It's a really important group that looks across the interests of the Comhairle, Health Board and IJB to ensure that we develop and implement an advocacy plan for the Western Isles as a whole. Independent Advocacy is about helping people to have a stronger voice and more control over their lives. It empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions; it enables people to gain access to information, explore and understand their options, and to make their views and wishes known; and it speaks up on behalf of people who are unable to do so for themselves. We hope to have an agreed plan in place by the end of the calendar year.

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I had the very good fortune amidst blue skies and glorious sunshine of meeting colleagues in the North Harris Medical Practice on Wednesday to discuss the implementation of the new GP contract. One of the challenges we'll have in delivering the reforms envisaged by the Scottish Government and the British Medical Association is to accommodate the interests of the nine disparate practices in the Western Isles. North Harris is one of our smaller practices with a list size of just over 1200 people – and our colleagues were rightly reminding us that as we implement these reforms we can't lose sight of the holistic care and support smaller practices offer in remote and rural areas.

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Discover the 'Opening Doors: Trauma Informed Practice for the Workforce' animation from NHS Education for Scotland (NES) which is designed to be relevant to all workers within the Scottish workforce. It aims to support workers to know how to adapt the way they work to make a positive difference to people affected by trauma and adversity. Trauma is everybody's business.

Note. Some people may find the film distressing, and advice about sources of support is available at the end of the animation. Visit: <https://vimeo.com/274703693>

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I received a draft copy of the report produced by Care Inspectorate and Healthcare Improvement Scotland following their recent re-inspection of our local older people's services – and it was overwhelmingly positive. I'll say more about it when the final report is published but in the meantime I wanted to thank all staff and stakeholders who have helped to deliver massive improvements across our local partnership. Well done.

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While waiting to see my colleagues in North Harris, I picked up a little leaflet entitled 'Poems in the Waiting Room'. I thought that was a lovely idea. Let's put down our copy of Cosmopolitan or Which Car? and read poems instead. Here's a poem by Shakespeare to finish:

There was a young man called Ron  
Who decided to run the Barrathon  
He ran up the hill  
And then he fell ill  
He swore never to run a half marathon.

That's all for this week.

Ron

29 June 2018

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